

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 417)**

SERIAL NO.

APPLICANT

FILING DATE

10520928

270-066370 CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1		1	
2				1		1
3				1		1
4				1		1
5				4		4
6				1		1
7				1		1
8				1		1
9				1		1
10				1		1
11						1
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						0
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.			1		1	
TOTAL OFF.			10		13	
TOTAL			11		14	

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
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90						
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94						
95						
96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						